

**SOCIAL ENTERPRISE CAPITAL GRANT PROGRAM
APPLICATION TEMPLATE**

This template is provided as a guide for reference purposes only. Grant proposals must be submitted electronically through the program's online application portal.

COVER PAGE

Project City/Town: _____ **Neighborhood, if applicable:** _____

Applicant Organization Name: _____

Applicant Organization Legal Address: _____

City/Town: _____ State: MA Zip Code: _____

CEO Name: _____ CEO Title: _____

CEO Tel.: _____ CEO Email: _____

Project Contact Name/Title (if different): _____ Contact Tel: _____ Contact Email: _____

Outline the organization's general mission, history, and goals. _____

Indicate which, if any, of the following certifications are formally held by this organization:

- | | |
|---|--|
| <input type="checkbox"/> Woman-Owned Business Enterprise | <input type="checkbox"/> Veteran-Owned Business Enterprise |
| <input type="checkbox"/> Minority-Owned Business Enterprise | <input type="checkbox"/> LGBTQ-Owned Business Enterprise |
| <input type="checkbox"/> Disadvantaged Business Enterprise | <input type="checkbox"/> Disability Business Enterprise |

Grant Proposal Summary

Project Name: _____

Grant Amount Requested: _____ Total Project Budget: _____

Project Abstract – Provide a brief description of the proposed project. _____

Project Category (*Check all that apply.*)

- Acquire real estate to be owned and operated for the social enterprise.
- Repair, rehabilitate, and/or renovate real estate owned and operated for the social enterprise.
- Purchase equipment to be used for the operations of the social enterprise

Social Enterprise Facility Address: _____

[Attachment] Required only for applications seeking funds for real estate acquisition and/or renovations. Upload proof of current ownership or evidence of imminent acquisition.

PROPOSAL NARRATIVE

Target Population (20 Points)

1. Describe the neighborhood, economic, and social context in which this project operates. What issue(s) and/or circumstance(s) led to the development of the social enterprise?
2. Describe the specific target population(s) that the social enterprise is designed to benefit. Are members of the target population high risk? If so, why? What barriers to employment does this population face? Provide statistics.
3. How does the social enterprise conduct outreach to target population(s)? What methods and strategies are utilized?
4. What role do members of the target population play in program planning and outreach?

Organizational Experience and Purpose (30 Points)

5. Describe the organization’s employment social enterprise, including its development and past successes, what makes it innovative and/or effective in delivering social benefit, and how the organization demonstrates the social return on investment from the social enterprise.
6. Describe the applicant’s experience and capacity to deliver each of the following service components: on-the-job training and skills development (including supervision and coaching), comprehensive support services, assistance with obtaining external employment, and job retention services.
7. Describe how equity considerations impact the social enterprise’s target population, outreach, and operations. Provide a list of the current staffing that is operating the social enterprise and delivering the services outlined above. Include title of each position, FTE, brief description of the incumbent’s experience, including whether they currently or previously identify as a member of the social enterprise target population, and whether they live in the community.

Position Title	FTE	Experience of Incumbent	Resident?

Programmatic Impact (30 Points)

8. Describe the operations of the social enterprise, the goods and services that are produced, and the positive community and/or environmental impact that is created. Provide relevant data.
9. What type of employment opportunities does the program offer and how many participants does it employ annually? Include a breakdown of how many participants are employed in each function and their average length of engagement with the social enterprise.

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10. Describe the interventions/services that will be provided by the program and outline the specific outcomes for participants that this social enterprise intends to achieve. Indicate what program components will be directly supported by this grant. Provide relevant data. (Applicant may attach a chart or information list to support the responses.)

[Attachment] Optional. Program chart or information sheet.

Track Record and Capacity to Succeed (20 Points)

11. What is the total annual operating budget for the organization? What percentage of time and budget is dedicated to the operation of the social enterprise?
12. Would this grant enable the social enterprise to increase the number of people served and/or increase the type of employment opportunities? If yes, explain.
13. Provide a project timeline with key activities and benchmarks that would be supported by this grant.
14. Complete and upload the Grant Budget Form. It should show the entire project budget, with the amounts requested in this grant application, plus any other funds allocated to the project, if applicable.

BONUS: Advancement of Equitable Opportunities (10 Points)

15. If applicable, describe how the project seeks to advance equitable opportunities in the community, including if/how the project aligns with one or more of the recommendations from the Governor's Black and/or Latino Advisory Commissions' reports.

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GRANT BUDGET FORM

Complete the worksheet below with details of your project budget. Provide a brief description for each line item that is included in this grant request. (Add lines, as needed.) Enter the amounts that are allocated to the grant for each item. If applicable, enter the amounts covered with matching funds and identify the source of those funds.

Applicant Name:	
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Line Items by Category	Request Amount	Other/Match Funds*	Total Project Budget	Source of Other Funds
Facility Acquisition				
Enter Description			\$ -	
Enter Description			\$ -	
Facility Renovation/Rehabilitation				
Enter Description			\$ -	
Enter Description			\$ -	
Project/Construction Admin.			\$ -	
Equipment Purchase/Installation				
Enter Description			\$ -	
Enter Description			\$ -	
TOTALS				
	\$ -	\$ -	\$ -	

Provide line item explanations, justifications, and/or notes, as needed.

**Match funds are not required. However, proposals that include funding support from other non-state sources (local/federal government, philanthropy, private donors, etc.) will get priority consideration.*

CERTIFICATION OF APPLICATION SUBMISSION AUTHORIZATION

I, (*Submitter Name*), hereby certify that I am duly authorized to submit this application on behalf of (*Applicant Organization Name*). By entering my name in the space below, I further certify, under the pains and penalties of perjury, that the responses to the questions provided in this application, and the attached documentation, are true, accurate, and complete. I understand that the Executive Office of Housing and Economic Development (EOHED) will rely on this information to make decisions about whether to award a grant from this funding source. I also understand that the Commonwealth reserves the right to take action against me, the applicant organization, and/or any other beneficiary of a grant, if any of the information provided is determined to be false, inaccurate, or misleading. Finally, I affirm that, if awarded, this applicant organization has the capacity to carry out the project in accordance with all applicable laws and regulations.

Name

Title

Date

OTHER/OPTIONAL ATTACHMENTS

Applicants may submit other attachments to support the application. However, please note that these items will generally not be scored or assessed as part of the formal evaluation of the proposal.